MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1										
2										
3										
4										
5										
6										
7										
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34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44	1									
45		1								
46										
47		1								
48										
49		1								
50										
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64	1					
65		2				
66		1				
67		1				
68		1				
69		1				
70	1					
71		1				
72		1				
73		1				
74		1				
75		1				
76	1					
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
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87						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	38					
TOTAL CLAIMS	42					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS